

FOSTER CARE/JUVENILE JUSTICE WARD BENEFIT ELIGIBILITY RECORD

INSTRUCTIONS:

- To be completed for each state ward accepted by the Department of Human Services and for each court ward accepted for Title IV-E funding. Submit copy to Probate Court if County Funded.
- ATTACH COPY OF CURRENT COURT ORDER.

- Upon completion, Send with a copy of the court order to:

MDHS Reconciliation and Recoupment
Grand Tower Building, Suite 1016,
P.O. Box 30025, Lansing, MI 48909

SWSS Log Number:

SECTION A: Ward Information

1. Ward Name				2. Case Number				3. Birth Date			
4. County	5. District	6. Unit	7. Worker	8. Social Security Number <input type="checkbox"/> Applied for Date				9. Acceptance Date		10. Commitment Date	
11. Fund Source <input type="checkbox"/> Ltd./Emer. <input type="checkbox"/> Title IV E <input type="checkbox"/> SW(B&C) <input type="checkbox"/> County Funds				12. Legal Status(Attach copy of court order/release) <input type="checkbox"/> Act 150 <input type="checkbox"/> Act 220 <input type="checkbox"/> Court Ward-NE(<input type="checkbox"/> CourtWard-DEL Docket #				13. Current Placement-Full Name of Foster Home/Facility (Not Placing Agency) :			
								14. Provider No.		15. Dt. of placement	
16. Current Placement - Address								17. Admin Rate		Cost of care	
								Current placement is 'Parental Home' <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B: Parent Information

MOTHER				FATHER			
18. Name			19. Date of Birth	20. Name			21. Date of Birth
22. Social Security Number		23. Occupation(current/previous)		24. Social Security Number		25. Occupation(current/previous)	
26. Address				27. Address			
28. <input type="checkbox"/> Deceased Date of death: _____ <input type="checkbox"/> Retired Date: _____ <input type="checkbox"/> Veteran Service From: _____ To: _____ <input type="checkbox"/> Disabled Date of disability: _____				29. <input type="checkbox"/> Deceased Date of death: _____ <input type="checkbox"/> Retired Date: _____ <input type="checkbox"/> Veteran Service From: _____ To: _____ <input type="checkbox"/> Disabled Date of disability: _____			
30. Is the ward(or anyone on his/her behalf) receiving, potentially eligible to receive, or has previously received governmental benefits ? <input type="checkbox"/> Yes (Complete 31-42) <input type="checkbox"/> No (Proceed to 40-42) <input type="checkbox"/> Potentially (Complete 31-42)							

SECTION C: Benefit Information/ Comments/ Signature

(Note: All information must be completed for application to be processed)

31. Type of Benefit (Check all that apply) : <input type="checkbox"/> RSDI (Parent deceased, disabled, 62 or older) <input type="checkbox"/> SSI (Ward disabled) <input type="checkbox"/> VA <input type="checkbox"/> Other - Non child support(Explain in #39)		
32. Does either parent show active interest in the ward ? (Explain fully) _____		
33. Does any other relative show active interest and/or provide support to the ward ? (Explain fully) _____		
34. Name of Interested Relative		35. Relationship
36. Complete Address of Interested Relative _____		
37. Date Department Began Funding Ward's Care(If different than Acceptance Date)		38. Approximate date ward will be released /discharged /adopted
39. Comments _____		
40. Worker Signature		41. Date
		42. Phone Number

DISTRIBUTION: COPY 1 - BOA,RRS,Central Office
COPY 2 - Local DHS Office Case Record
COPY 3 - Forward to Local Court

DHS-3205 (SWSS)

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The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing etc. under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.